

上西朝田田明林州下班。

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## UNITED STATES DEPARTMENT OF COMMERCE

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNE	Y DOCKET NO.
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All participants (applicant, applicant	's representative, PTO personn	iel):	***	
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Exhibit shown or demonstration cor	nducted: Yes If yes	s, brief description:		. ජාත්තාවය <u>ත්රය පැති පැති අ</u> සම්බාධ පැති සම්බනය ආදර්ධ ස <b>ු ව</b> ැත් වීය
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